



StopPalu

President's Malaria Initiative (PMI)

Program Component

FY 2013 Annual Report

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StopPalu President's Malaria Initiative (PMI) Program Component

FY 2013 Annual Report

May 16, 2013–September 30, 2013

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Abbreviations

ACT	artemisinin-based combination therapy
AMP	Alliance for Malaria Prevention
ANC	antenatal care
APIC	<i>Association pour la Promotion des Initiatives Communautaires</i>
ASM	American Society for Microbiology
BCC	behavior change communication
BMP	Branding Strategy and Marking Plan
CAM	<i>Club des Amis du Monde</i>
CCM	clinical case management
CDC	Centers for Disease Control and Prevention
CENAFOD	<i>Centre Africain de Formation pour le Développement</i>
CHU	<i>Centres Hospitaliers Universitaires</i>
CHW	community health worker
CJMAD	<i>Comité des Jeunes Mon Avenir D'abord</i>
COP	Chief of Party
CRS	Catholic Relief Services
CSH	<i>Comité de Santé et d'Hygiène</i> (Health and Hygiene Committee)
DMR	director of prefecture micro-projects
DNHP	National Directorate of Public Hygiene (<i>Direction Nationale de l'Hygiène Publique</i>)
DNPL	National Directorate of Pharmacies and Laboratories
DRS	<i>Direction Régionale de la Santé</i> (Regional Health Directorate)
EPI	Expanded Program of Immunization
FY	fiscal year
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HC3	Health Communication Capacity Collaborative
IDB	Islamic Development Bank
IEC	information, education, and communication
IEE	Initial Environmental Examination
INAASPO	<i>Initiatives et Actions pour l'Amélioration de la Santé des Populations</i>
IPTp	intermittent preventive treatment of malaria in pregnancy
LLIN	long-lasting insecticide-treated net
M&E	monitoring and evaluation
MOH	Ministry of Health
MOP	Malaria Operational Plan
MSF	Doctors without Borders (<i>Médecins Sans Frontières</i>)
NGO	nongovernmental organization
NIPH	National Institute of Public Health
NMCP	National Malaria Control Program
NMS	National Malaria Strategy

NPHL	National Public Health Laboratory
PCG	<i>Pharmacie Centrale de Guinée</i> (Central Pharmacy of Guinea)
PCIMNE	Integrated Management of Neonatal and Childhood Illnesses
PMI	President's Malaria Initiative
PMP	Performance Management Plan
PSI	Population Services International
RBM	Roll Back Malaria
RDT	rapid diagnostic test
SIAPS	Systems for Improved Access to Pharmaceuticals and Services project
SNIS	National Health Information System (<i>Système National de l'Information de la Santé</i>)
SOW	scope of work
STTA	short-term technical assistance
TWG	technical working group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

1 EXECUTIVE SUMMARY

The President's Malaria Initiative (PMI) Program Component (*StopPalu*) is a three-year project (May 2013 through September 2016) with the goal of assisting the Government of Guinea to achieve the PMI target of reducing malaria morbidity and mortality through multiple interventions in prevention, diagnosis and treatment, and capacity building of the Ministry of Health (MOH) and the National Malaria Control Program (NMCP). RTI International is implementing *StopPalu*, supported by the sub-partners Jhpiego, the American Society for Microbiology (ASM), and *Centre Africain de Formation pour le Développement* (CENAFOD).

Malaria is the leading communicable disease in Guinea. Although all of the country's 10.9 million people live in areas at risk of malaria, the country can be divided into four main areas of differing malaria endemicity (Figure 1). In 2010/2011, malaria was the leading cause of outpatient visits and health facility admissions of children under five years of age, accounting for 30% of reported outpatient visits, nearly 25% of admissions, and 14% of hospital deaths in public facilities. Malaria was among the five leading causes of inpatient deaths among children under five years of age. The goal of the National Malaria Strategy (NMS) 2013–2017 is to reduce malaria morbidity and mortality by 50% by 2015.

During the period covered by this annual report (May 16 to September 30, 2013), the project has worked primarily on start-up activities (office installation, sub-partners' scope of work, procurement, etc.); on the development and submission of the deliverables required by USAID: (1) the Fiscal Year (FY) 2013 and FY 2014 Work Plans (respectively covering the period from May 16 to September 30, 2013, and from October 1, 2013 to September 30, 2014), (2) the Initial Environmental Examination (IEE), (3) the Performance Management Plan (PMP), and (4) the Branding Strategy and Marking Plan (BMP); and preparing the long-lasting insecticide-treated net (LLIN) mass distribution campaign coordinated by the National Malaria Control Program (NMCP).

During the first quarter of the project (May 16–June 30, 2013), the project conducted an inclusive four-day workshop to discuss and draft the work plans for Year 1 and Year 2 of the project's life, with the active participation of all sub-partners (Jhpiego, ASM, CENAFOD), representatives of the NMCP, and officials from the US Agency for International Development (USAID). During plenary sessions and working groups, all the participants had the opportunity to bring their ideas, share their experience, and propose activities and a timeline in respect to the scope of the project activities. The project hired and oriented several senior staff members, including the PMI/Malaria Coordinator, the Senior Monitoring and Evaluation (M&E) Specialist, and the Senior Clinical Case Manager and the BCC Advisor, and recruited three regional technical advisors and one regional communication specialist. Following the project's "With Many" strategy, RTI prepared and submitted technical and financial proposals for partnership to two private companies and started negotiating a partnership with a third company. When the partnership agreements are signed, the resulting projects will improve and increase malaria control services in these companies' areas of intervention.

During the second quarter (July 1–September 30, 2013), the project supported the NMCP to establish two Technical Working Groups (TWGs)—the Diagnosis and Case Management TWG and the M&E TWG. The project continued to hire and orient several staff members, including two regional communication specialists, two regional M&E specialists, the senior lab technician, the regional lab specialist and the BCC Advisor. They all have been onboarded and started working. RTI signed a partnership with the private company Alcoa to implement some malaria control activities in the prefecture of Boké.

The main results for this year are the following:

- Submission to USAID of the following project deliverables: the FY 2013 and the FY 2014 Work Plans, the IEE, the PMP, and the BMP, and their revised versions following USAID/PMI comments
- Review and finalization of messages and communication materials for the LLIN distribution campaign in the PMI regions
- Hiring of several project senior staff members and their orientation
- Presentation of *StopPalu* to the NMCP and the PMI and Centers for Disease Control and Prevention (CDC) Atlanta team visiting Guinea in the scope of the Malaria Operational Plan (MOP)
- Completion of the initial assessment of the project’s national nongovernmental organization (NGO) partners
- Preparation and submission of two proposals for partnership with private-sector companies (Rio Tinto, *Société des Mines de Fer de Guinée*, and Alcoa).
- Signature of agreement with Alcoa for implementation of malaria control activities in Boké prefecture.
- Reception and storage of 1,343,150 LLINs procured by PMI and 985,750 LLINs procured by the Islamic Development Bank (IDB) to be distributed during the national mass distribution campaign coordinated by the NMCP
- Development of micro-plans of the mass distribution campaign for the 130 health centers in the 14 prefectures covered by PMI
- Support to the NMCP to establish the Diagnosis and Case Management TWG and the M&E TWG
- Development of training manuals on enumeration, social mobilization, LLIN distribution and supervision for the mass distribution campaign

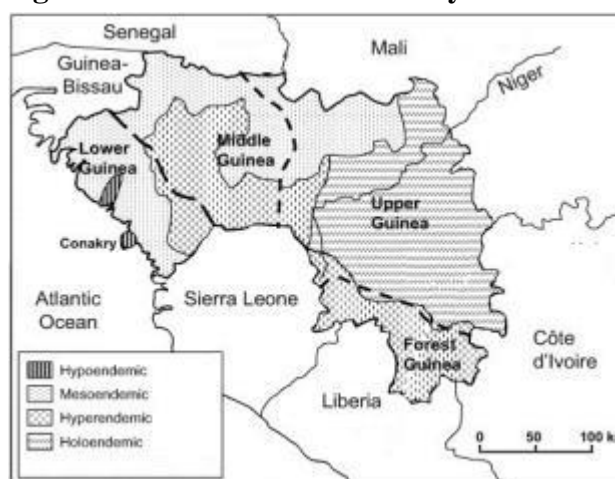
2 INTRODUCTION

2.1 Background

2.1.1 Malaria context in Guinea

Malaria is the leading communicable disease in Guinea. Although all of the country's 10.9 million people live in areas at risk of malaria, the country can be divided into four main areas of differing malaria endemicity (Figure 1). In 2010/2011, malaria was the leading cause of outpatient visits and health facility admissions of children under five years of age, accounting for 30% of reported outpatient visits, nearly 25% of admissions, and 14% of hospital deaths in public facilities.¹ Malaria was among the five leading causes of inpatient deaths among children under five years of age. Of all confirmed cases, 98% are due to *P. falciparum*. The major vectors in the country are members of the *Anopheles gambiae* complex, including *An. gambiae ss*, *An. Arabienesis*, and *An. melas* (on the coast) and members of the *Anopheles funestus* complex. Very little is known of the exact vector composition or insecticide resistance levels. The goal of the National Malaria Strategy (NMS) 2013–2017 is to reduce malaria morbidity and mortality by 50% by 2015. NMS implementation has benefited from two grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) (Rounds 2 and 6 and Single Stream Funding: approximately \$50 million) and \$10 million from the President's Malaria Initiative (PMI).

Figure 1: Malaria endemicity in Guinea



2.2 Program Description

2.2.1 Project goal and objectives

The goal of the *StopPalu* project is to assist the Government of Guinea to achieve the PMI target of reducing malaria morbidity and mortality. Main objectives include the following:

1. Improving malaria prevention in support of the NMS
2. Improving diagnostic testing and malaria treatment capacity
3. Enhancing the National Malaria Control Program's (NMCP's) technical capacity to plan, design, manage, and coordinate a comprehensive malaria control program

For each result area, our operational strategy will integrate and link the inputs, processes, and systems required for strong results.

¹ Mamady, K. and Hu, G. (2011). A step forward for understanding the morbidity burden in Guinea: a national descriptive study. *BMC Public Health* 11:436.

2.2.2 *Partners*

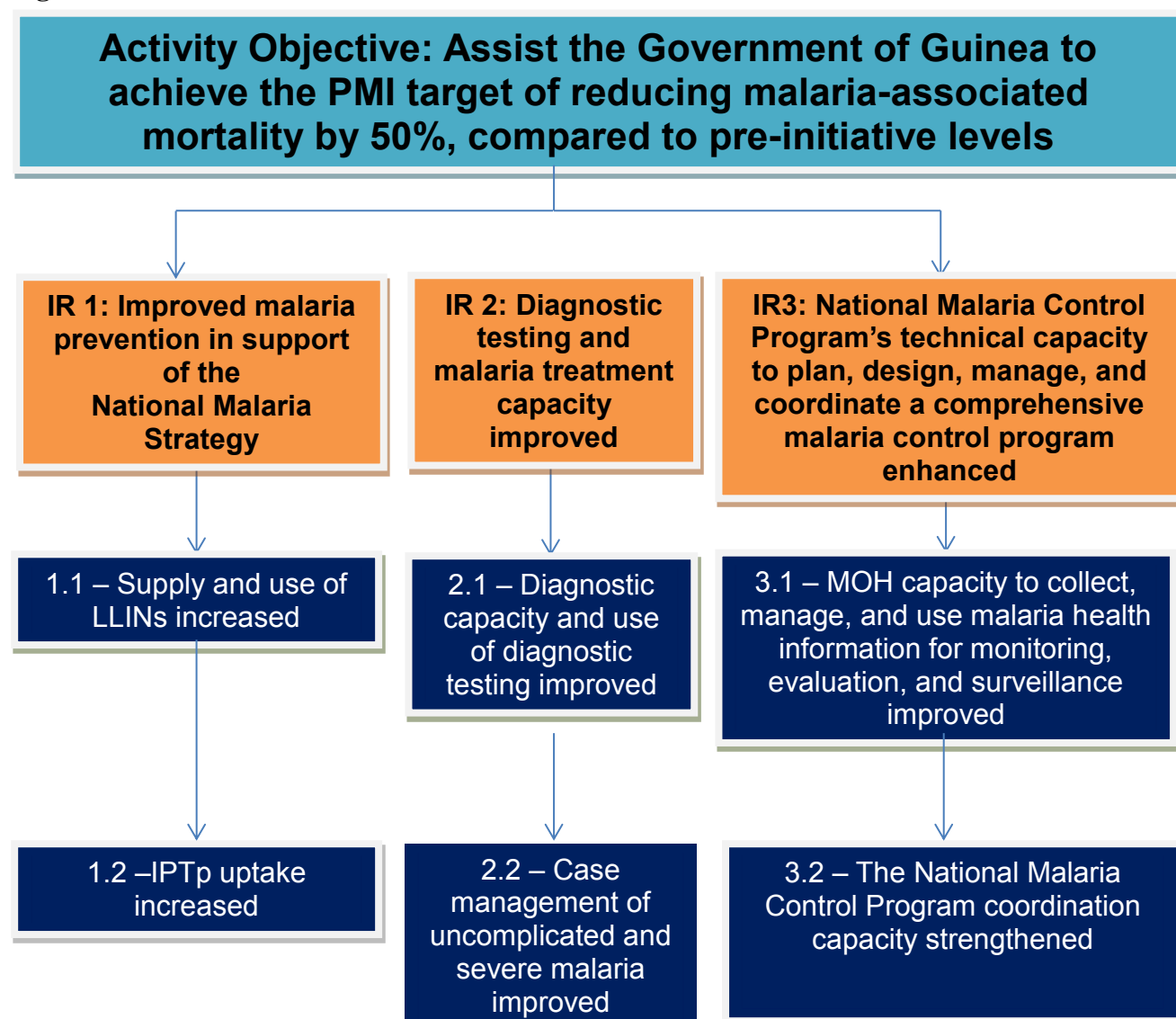
RTI partners for *StopPalu* include the following:

- Jhpiego: Jhpiego will work to improve malaria outcomes and strengthen the quality of services at facility and community levels, which it will continue and scale up under *StopPalu*.
- The American Society for Microbiology (ASM): ASM will provide *StopPalu* with evidence-based and context-appropriate approaches to consensus-based diagnostic training and capacity building, monitoring and evaluation (M&E) of laboratory practices and collaborative quality improvement, and country-owned solutions for enhanced performance.
- *Centre Africain de Formation pour le Développement* (CENAFOD): CENAFOD will support the integration of governance aspects in *StopPalu* activities—from promoting better service provision, transparency, and accountability of government partners to helping civil society play its roles more effectively.
- Local partners include four Guinean nongovernmental organizations (NGOs) with demonstrated PMI program results in behavior change communication (BCC) and social mobilization: *Association pour la Promotion des Initiatives Communautaires* (APIC), *Club des Amis du Monde* (CAM), *Comité des Jeunes Mon Avenir D'abord* (CJMAD), and *Initiatives et Actions pour l'Amélioration de la Santé des Populations* (INAASPO).

2.2.3 *StopPalu results framework*

The main objectives of the project as well as the three main results are shown in Figure 2. The four following sections describe the activities carried out for each of these results and project management.

Figure 2: Results framework



3 ACTIVITIES BY RESULT

3.1 Result 1: Improved Malaria Prevention in Support of the NMS

3.1.1 Sub-result 1.1: Supply and use of LLINs increased

■ General Objective

To increase the supply and use of long-lasting insecticide-treated nets (LLINs), both for the 2013 mass campaign and as part of routine distribution, we will prioritize collection and relay of comprehensive commune-level data for effective local, regional, and central LLIN quantification and dissemination; synchronize with information, education, and communication/behavior change communication (IEC/BCC) and advocacy campaigns; and train community health workers (CHWs), mother and child health providers, and local government/civil society structures on LLIN access and use.

During this first reporting period, the activities under this result focused on preparations for the mass distribution campaign in the PMI zone with the support of the consultant Alliance for Malaria Prevention (AMP) and based on the lessons learned from distribution in the GFATM area. These activities are briefly described below. (Note: Activity numbering refers to the Year 1 Work Plan list of activities.)

■ Specific Activities and Results

Activity 1.1.1.1. Support coordination activities at the central level

In preparation for the mass distribution campaign planned for November 2013, *StopPalu* supported the NMCP for the organization of the National Coordinating Committee meeting. On June 14, 2013, a meeting was held at *StopPalu* project headquarters, and 21 people attended, representing the NMCP, USAID, GFATM Country Coordination Mechanism, the World Health Organization (WHO), *StopPalu*, and the following organizations: Catholic Relief Services (CRS), Plan Guinea, Population Services International (PSI), and ChildFund. The main objective of the meeting was to share information on preparations for the LLIN mass distribution in the PMI area.

During the meeting, *StopPalu* Chief of Party (COP) and the NMCP's National Coordinator presented to the participants the *StopPalu* project (a consortium of NGOs lead by RTI and including Jphiego, ASM, and CENAFOD), responsible for organizing the LLIN distribution in the PMI regions, as well as the list of activities and timing planned by *StopPalu* for the mass distribution campaign. Discussions focused on the distribution strategy in the Conakry Region, taking into account the insufficient number of LLINs needed for a strategy of one net per sleeping space, and the identification of challenges encountered during the campaign in the GFATM zone. The participants suggested the following for the topic of enumeration:

- The number of enumeration days must be increased (to a minimum of 10 days).
- The fees for enumerators need to be increased.
- The date of enumeration, according to the availability of the communities, should be included in the micro-planning.

StopPalu's COP insisted that all actors should make every effort to respect USAID/Guinea's commitments to the Ministry of Health (MOH) and NMCP to organize the distribution campaign by mid-October 2013 at the latest. She also reminded the participants that the National Coordination Committee should decide on the strategy for the Conakry region based on the number of LLINs available.

The Deputy Coordinator and the National Coordinator of the NMCP added the following information to the discussion of LLIN distribution in Conakry:

- Approximately 700,000 LLINs are now available for Conakry zones, which could cover about 1.5 million inhabitants.
- Conakry is a strategic region, and it is not possible to exclude this area in the distribution.
- The United Nations Children's Fund (UNICEF) is expected to buy 288,000 LLINs (offered by the Japanese Government to be used in the PMI regions). (*As of this report, UNICEF bought 282,000 LLINs and began their storage on October 26.*)
- The National Coordinator asked *StopPalu* to perform enumeration in Conakry and, based on the findings, to develop the distribution strategy to be used.
- Although the official presentation of the results of the campaign in the GFATM zone has not yet been held, it is important to take into account lessons learned in order to avoid the same mistakes.

At the end of the meeting, the following recommendations were made:

- Involve health authorities from the regions and prefectures throughout the process to ensure greater success of the campaign.
- Involve rural communities, local elected officials, and opinion leaders in the communication for effective social mobilization,
- Collect information during the enumeration activities on the distances between villages and health centers.
- Revise tools for the enumeration in Conakry (include number of pregnant women, children under five, LLINs already available, etc.) and collect as much information as possible for better decision making.
- Take into account the lessons learned from the mass campaign in GFATM regions.

To draw information from the lessons of the distribution campaign in the GFATM zone and avoid the same mistakes, the *StopPalu* project participated in the national feedback workshop organized by the NMCP and CRS on June 25, 2013. Representatives from the following organizations participated in the workshop: NMCP; the *Directions Régionales de la Santé* (DRSs, Regional Health Directorates) of Kindia, Mamou, Faranah, Kankan, and Nzerekore; CRS; PSI; Plan Guinea; ChildFund; *StopPalu*; Peace Corps; PMI/Guinea; and the Centers for Disease Control and Prevention (CDC)/Atlanta.

NMCP and CRS presented the key results of the GFATM campaign: in total 3,257,847 sleeping spaces were identified and 3,200,597 coupons distributed. The total number of LLINs received was 3,258,222, and 3,206,661 nets were distributed, which is a coverage ratio of 98%. LLINs remaining are 51,561.

Highlights of the GFATM distribution campaign were the community involvement in securing LLINs, the pre-financing of transport costs by local authorities and sub-recipients, and the involvement of town criers in social mobilization.

The main obstacles the campaign encountered were the following:

- The overlap of the campaign with the National Immunization Days resulted in the unavailability of some heads of health centers.
- The change in the distribution strategy during the enumeration resulted in the overstatement of LLIN needs in some localities.
- The type of gloves used to unpack LLINs should be household gloves.
- At some fixed points of distribution, distributors asked beneficiaries to pay money.
- The introduction of mobile distribution teams did not promote the proper functioning of the distribution.
- The number of distribution teams was lower than the number of fixed points of distribution.
- Some local authorities exerted a negative influence on distributors to provide LLINs to people who were not enumerated in some localities.
- The period between the enumeration of beneficiaries and distribution of LLINs was long, which resulted in the loss of coupons or tickets for some beneficiaries.

After the presentation of results, the discussion was opened to the participants. A lack of involvement by health districts in the campaign preparations was noted. GFATM's slow disbursement procedures hampered the implementation of the timetable.

At the end of the workshop, the participants made recommendations to improve the preparation and implementation of the mass distribution campaign in PMI area:

- Prioritize the locations that are most difficult to access for the transport of LLINs.
- Reduce the time between the enumeration and the distribution of LLINs.
- Strengthen social mobilization to enumerate all beneficiaries.
- Define the distribution strategy at the beginning for it to be understood at all levels.
- Strengthen the close supervision to prevent corruption by distribution agents.

On August 26, the project supported the NMCP to organize another meeting, which focused on the following:

1. Discuss the level of preparation for the upcoming mass distribution campaign activities in PMI prefectures and the date of distribution.
2. Present and discuss the quantities of LLINs received and expected funds for distribution.
3. Discuss allocation of remaining LLINs from the Global Fund zone.
4. Present distribution strategy options for the region of Conakry, taking into account the amount of LLINs available

During the meeting, the *StopPalu* COP and AMP consultant explained the various activities undertaken by the project in the context of preparations for the campaign, including receiving

and storing the remaining LLINs purchased by PMI, training 20 national and regional trainers in micro-planning, launching micro-planning activities in 14 prefectures, and launching distribution voucher production. They also presented the schedule of all the campaign activities and suggested the week of November 25–29, 2013 for distribution. After several exchanges, the National Coordination Committee suggested that the team conduct the campaign during the week of November 18–22, 2013. Therefore, it was decided to keep this date in the hope that the elections would take place without social unrest.

Regarding available LLIN quantities, the following table has been presented and discussed:

Table 1: Status of available LLINs

Source	Quantity	Status
IDB	1,000,000	Check-in Conakry
PMI/USAID	800,000	Conakry
PMI/USAID	779,900	Conakry
Japan Government/UNICEF	282,000	ETA September
Global Fund		91,000*
Remaining amount of Tier 1	TBD	TBD
Subtotal	2,861,900	
LLINs lent to CRS for 19 prefectures	237,000	
Total Available November 2013	2,624,000	

* The NMCP has requested that the 91,000 LLINs not be considered for this campaign because the order has not yet been made.

The project has also presented the estimated number of LLINs needed for the 14 prefectures and the remaining LLINs needed for Conakry.

Table 2: Estimated number of LLINs needed for 14 prefectures and Conakry

Estimated LLINs needed for 14 prefectures	2,025,920
Total available – November 2013	2,624,000
Remaining LLINs needed for Conakry	598,080

Regarding the LLINs that remain from the distribution in Global Fund zones, CRS reported that LLINs were not in a fixed location, which will hamper transport to Conakry. CRS also informed the National Coordination Committee that there were villages that were not enumerated and therefore had not benefited from the LLIN distribution. The National Coordination Committee requested that CRS evaluate the needs to cover these sites. CRS has promised to do this, but they have raised the issue of funding if they were to enumerate and distribute LLINs in these areas. The National Coordination Committee recommended that CRS work with NGO partners to determine the exact stock of quantities remaining and the needs of villages not covered, and then a decision will be made. If there are no funds for a separate distribution activity, the National Coordination Committee proposes that the LLINs be distributed through antenatal care (ANC) services in health centers covering these villages.

For the LLIN distribution strategy in the region of Conakry, the AMP consultant presented two options:

1. Target pregnant women and children under 5.
2. Set a maximum amount of two LLINs per household, and for households of two or less people, they will receive one LLIN.

WHO proposed to advocate for the mobilization of funds for universal coverage; however, this idea was rejected by the National Coordination Committee. The Committee stated that it would be difficult to mobilize more funds or even obtain LLINs by the end of calendar year 2013. Regarding the approach of targeting pregnant women and children under 5 years of age, the identification of these two target groups in a country like Guinea will be a major concern, and the communication strategy would need to be adjusted for this approach. This would need two strategies—one for the 14 prefectures that encourages the use of LLINs by the entire population and another for the five communes in Conakry targeting pregnant women and children under 5. This strategy would be effective if it were combined with a vaccination campaign. WHO informed us that the next vaccination campaign is planned for October 2013, and planning is almost finalized.

Based on these reasons and to retain the original campaign approach (targeting all households), the National Coordination Committee chose the strategy of a fixed maximum number of LLINs per household to be distributed in Conakry.

Activity 1.1.1.2. With the National Coordinating Committee, review/develop management and data collection tools for universal campaign

During the last quarter of the reporting period, the project worked with the NMCP and other partners to review and adapt the tools for collecting, monitoring, and supervising enumeration and social mobilization activities. During the tools revision, the project took into account the weaknesses of tools used during the first distribution in the GFATM zone. It should be noted that one major improvement concerned the inclusion of BCC activities and the development of supervisory forms. These forms will monitor and evaluate the work of enumeration agents and supervisors.

Regarding the distribution vouchers, the project opted for one voucher per household. They will be produced on carbonless sheets (one original and two copies) and numbered. A copy will be given to households, and the original will be available at the distribution site and will ensure the authenticity of the coupon presented by households on the day of distribution.

Activity 1.1.1.3. Store LLINs at central level

At the request of USAID, the project provided transportation for 523,150 LLINs initially stored by DELIVER in the warehouse rented by the project. We also stored 779,900 LLINs procured by PMI (second delivery) and 985,750 purchased by the IDB. The project provides health and safety measures during both transport and storage. It should be noted that the quantity of LLINs received by the project (second shipment purchased by PMI) is less than what was specified in the packing list (202 balls or 10,100 LLINs were missing). The project notified USAID/PMI who acknowledged it. The delivery documents held by the project are signed by the transporter, the project logistics manager, and the warehouse manager.

Bestnet sent two teams to Guinea to try to locate the responsibility for this error—loading team, the freight company, and/or a counting error. Best net’s second team visited the project on August 13, 2013, and they decided not to recount the LLINs but requested the support of the project to inform them of the exact quantities during the distribution. For LLINs procured by IDB, the amount received is less than the 1 million announced. UNICEF, who managed the clearance process for this shipment, has been informed and is looking for an explanation.

Activity 1.1.1.4. Develop, pre-test, and duplicate communication materials and support materials for all steps of the mass distribution campaign (enumeration, distribution, and sensitization)

To harmonize the messages and communication strategies in compliance with the campaign’s communication plan, the *StopPalu* project organized several meetings with the Communication Commission of the National Coordination Committee. These meetings supported the following goals (among others):

- Finalization and validation of the social mobilization guide: To increase the effective participation of people in the campaign and use of LLINs, the project developed a guide for social mobilization that has been reviewed and approved by the commission. This guide will help harmonize messages and facilitate understanding. It explains the campaign objectives, strategies, and key messages. It will be produced and distributed to enumeration agents, distributors, supervisors, and leaders of NGOs/community-based organizations.
- Validation of messages and communication tools: The commission validated the messages to be broadcast as well as various communication channels. These messages are from the NMCP communication plan tailored to the various campaign activities. Messages for radio and television spots, short messaging service (SMS), tee-shirts, caps, banners, and posters were developed and validated. The next steps will be the development of samples and the pretesting before reproduction and rollout.

During the last quarter of this reporting period, the project incorporated the social mobilization guide in the training modules on enumeration and distribution to harmonize the messages and communication strategies. A checklist with key messages was produced and will be distributed to all enumeration and social mobilization agents. Tee-shirts, caps, bags, and banners with the validated and pre-tested messages are being produced. Radio and television spots as well as SMS messages are developed and finalized. There will be a pre-test activity of these messages and the campaign slogan during November in Conakry and Coyah. The project plans a training session for artists and traditional communicators in the third week of October 2013.

Activity 1.1.1.5. Conduct cascade trainings of community agents and supervisors (micro-planning, logistics, social mobilization, enumeration, and distribution) for universal distribution campaign

During the past quarter, as part of the micro-plan activities for the mass distribution campaign, the project and the AMP consultant organized a training of trainers on micro-planning. The training involved the persons in charge of statistics in the regions of Boké, Conakry, Labé, and Kindia and NMCP and *StopPalu* staff. A total of 20 trainers were trained.

The objective of the training was to allow trainers to become familiar with the micro-planning tools and how to fill them out. The training reinforced their capacities on household calculation methods based on the size of the population, the number of nets, the required storage space, transportation of LLINs, the number of distribution sites based on households, and the criteria for identifying a distribution site.

The micro-planning aims to gather detailed information to better plan the campaign. It is essential for all stages of the campaign: enumeration and social mobilization, distribution and household visits to educate the recipients on properly hanging the nets, and the use of LLINs. The information is collected to estimate LLIN needs, material needs (registers, materials to record distribution, vouchers, markers, pens, chalk), staffing needs (enumerators-mobilizers, distribution agents, supervisors), distribution points (number and location), and storage space.

At the end of training, four teams of trainers were ready to train staff at 130 health centers on micro-planning. At each health center, three people have been trained: the chief of the health center, the Expanded Program of Immunization (EPI) agent, and a member of the Health and Hygiene Committee (CSH). To ensure data quality, the project has encouraged the participation of directors of prefecture micro-projects (DMRs) and leaders of NGO partners. Thus in total, in 14 prefectures, 42 workshops were held and 492 people have been trained, including 269 health workers, 128 CSH members, and 95 DMRs/Prefectural Health Directorate (DPS)/NGO facilitators.



The Kassopo health center staff filling out their micro-plan form during the training



The chief of the health center presenting the distribution sites covered by his center at the feedback workshop

A summary by region and health district of the number of people trained is shown in the table below.

Table 3: Staff trained on micro-planning for the LLIN distribution campaign

Region	Prefecture	Health Workers	CSH	DMR/DPS and NGO Facilitators	TOTAL
LABE	Labé	36	18	18	72
	Lelouma	22	11	5	38
	Mali	20	10	6	36
	Tougue	20	10	8	38
	Koubia	12	6	7	25
	Dinguiraye	16	8	5	29

Region	Prefecture	Health Workers	CSH	DMR/DPS and NGO Facilitators	TOTAL
BOKE	Boké	26	13	8	47
	Fria	12	6	5	23
	Boffa	16	8	5	29
	Gaoual	16	8	5	29
	Koundara	14	7	5	26
KINDIA	Forécariah	24	10	6	40
	Dubreka	19	8	6	33
	Coyah	16	5	6	27
TOTAL		269	128	95	492

Training manuals for trainers, supervisors, enumerators, distributors, and social mobilizers were prepared for use after the micro-planning phase was completed, and training was scheduled for early October 2013. Peace Corps volunteers will be encouraged to participate in the training of enumerators, social mobilizers, distributors, and supervisors. Data collection and supervision checklists (for sub-prefecture, regional, and national-level supervisors) are included in these manuals. Training sessions were postponed until completion of legislative elections to ensure security and the availability of staff, volunteers, and vehicles required to mobilize multiple teams of trainers.

Activity 1.1.1.6. Conduct micro-planning, budget development, logistics, and distribution map for the universal campaign at prefectural, regional, and central levels

After the training, the teams trained at the health centers returned for two or three days, depending on the number of districts in their communities, to collect information and fill in the micro-planning forms. Meanwhile, the trainers went to other prefectures to train other health center staff.

After collecting the information, feedback workshops were organized. During these workshops, each health center presented the information it had collected and discussed it with other health centers; prefectural and regional authorities corrected the data when necessary and validated the data per health center.

The summary results of the micro-planning per health district are shown in the table below.

Table 4: Results of the health center workshops on micro-planning feedback

Region	Prefecture	Population	Households	Distribution Sites	Estimated LLINs needed
LABE	Labé	403,860	57,689	53	212,557.89
	Lelouma	221,416	31,631	31	116,534.74
	Mali	329,581	47,083	46	173,463.68
	Tougue	182,335	26,047	24	95,965.79
	Koubia	149,058	21,294	20	78,451.58
	Dinguiraye	241,524	34,503	32	127,117.89
BOKE	Boké	826,759	118,108	99	435,136
	Fria	140,872	20,125	19	74,143.16
	Boffa	256,702	36,672	36	135,106.32
	Gaoual	194,079	27,726	32	102,146.84
	Koundara	141,695	20,242	19	74,576.32

KINDIA	Forécariah	330,414	47,202	46	173,902.11
	Dubreka	395,881	56,554	48	208,358.42
	Coyah	268,655	38,379	27	141,397.37
TOTAL		4,082,831	583,255	532	2,148,858.42

■ Specific Challenges and Measures Used/Planned to Overcome Them

The fourth postponement of the parliamentary elections and the delay in the announcement of the results has led to the postponement of the training of trainers in enumeration and social mobilization. Such delays could result in a postponement of the distribution date beyond the week of November 18, 2013. *StopPalu* will do its utmost to conduct the distribution the week of November 18. If it becomes necessary to postpone the distribution date, *StopPalu* will organize a meeting of the National Coordination Committee to reschedule, depending on the level of preparation for the campaign. The quantities of LLINs missing compared to the amounts announced may require a strategy adjustment in Conakry. *StopPalu* intends to discuss this problem at the National Coordination Committee meeting in October 2013.

■ Activities Planned for Next Quarter

- Conduct household enumeration and social mobilization in 14 prefectures.
- Distribute LLINs in 14 prefectures.
- Conduct sensitization activities and post-distribution awareness-raising.
- Implement a communication campaign for the correct and consistent use of LLINs.

3.1.2 Sub-result 1.2: IPTp uptake increased

■ General Objective

To increase uptake of intermittent preventive treatment of malaria in pregnancy (IPTp), we will ensure that standards-based IPTp policies and protocols are integrated into clinical case management (CCM) guidelines and responsibilities at each level of the service continuum, with coordinated rollout to public- and private-sector service sites, supported by training materials and job aids for supervision.

■ Specific Activities and Results

No work has been carried out for this result during the reporting period.

■ Challenges and Specific Measures Used/Planned to Overcome Them

N/A

■ Activities Planned for Next Quarter

The activities under this sub-result will be implemented in FY 2014 because the project team, in agreement with the NMCP and USAID/Guinea, has decided to focus the next quarter's activities on the LLIN mass distribution campaign.

3.2 Result 2: Diagnostic Testing and Malaria Treatment Capacity Improved

3.2.1 Sub-result 2.1: Diagnostic capacity and use of diagnostic testing improved

■ General Objective

To improve diagnostic capacity and use of diagnostic testing, our strategy integrates updated malaria diagnostic policies with standards-based, quality-assured laboratory and community diagnostic capacity building, with tailored training for the National Institute of Public Health/National Public Health Laboratory (NIPH/NPHL), hospital laboratory staff, and CHWs. We will also work with supply chain strengthening programs to mitigate shortages of diagnostic commodities, as well as advocate at national level and in multilateral donor forums for adequate rapid diagnostic test (RDT) procurement.

■ Specific Activities and Results

Activity 2.1.1.1. Establish a Malaria Diagnosis and Case Management TWG led by NMCP

During the past quarter, *StopPalu* worked with the NMCP to develop a draft terms of reference for the TWG, with a list of members, and organize the first meeting of the group. On September 23, 2013, the first meeting of the TWG was held under the chairmanship of the NMCP and brought together Ministry of Health and Public Hygiene (MSHP, *Ministère de la Santé et de l'Hygiène Publique*) staff (National Directorate of Pharmacies and Laboratories [DNPL], *Pharmacie Centrale de Guinée* [PCG], Integrated Management of Neonatal and Childhood Illnesses [PCIMNE], National Institute of Public Health [NIPH], Maférinyah Research Center), technical and financial partners (WHO, *StopPalu*, Doctors Without Borders [MSF, *Médecins Sans Frontières*] Switzerland), staff from national hospitals (*Centres Hospitaliers Universitaires* [CHUs] Donka and Ignace Deen), and some private structures (Clinique Bare Ambroises FMG and Anastasis). Note that some guests were not able to travel in-country and attend the meeting because of the threats of social unrest prevailing in the capital. At the end of the meeting, the Group adopted the following:

Mission

The Malaria Diagnosis and Case Management TWG will coordinate the planning, implementation, and M&E of services for diagnosis and treatment of malaria cases by ensuring their biological confirmation.

Goal

Overall objective: To contribute to the establishment of a functional system supporting access to a reliable diagnosis for all patients suspected of having malaria and the establishment of an effective treatment in the shortest possible time.

Specific objectives

- Review and update the policies and guidelines for diagnosis and treatment.
- Oversee implementation plan of diagnostic activities and management of confirmed cases either by microscopy or RDTs.
- Coordinate diagnostic activities of the various partners.
- Mobilize the necessary resources for diagnosis of high quality and effective treatment.
- Strengthen measures for best practices in private diagnostic laboratories.

- Coordinate the training, supervision, and management system quality diagnosis and management activities.
- Ensure the safe disposal of waste generated by the diagnostic activities.
- Conduct advocacy and social mobilization.
- Work closely with the malaria surveillance system, reporting and data management, health development partners, and target activities.

Officers for the TWG have been elected as follows:

- President: Director, Maférinyah Research Center
- Vice president: Head of NMCP Diagnostics Unit
- Secretaries: *StopPalu* Senior Case Management Advisor, MSF Switzerland

Mandate

The Malaria Diagnosis and Case Management TWG shall meet in ordinary session once a quarter at the call of the Chair. It may meet in extraordinary session at the request of the President, two-thirds of the members, or at the direction of the MSHP. The Chair may invite any person whose competence seems useful.

At the end of the meeting, the group asked the NMCP and the Chair of the TWG to prepare a draft ministerial decree for the establishment of the TWG.

The date of the next meeting of the group was scheduled for December 5, 2013.

Meeting with MalariaCare

To harmonize diagnostic activities implemented by the *StopPalu* and MalariaCare projects, the *StopPalu* organized a conference call between the two projects.

The two projects discussed their planned diagnostic activities and strategies for harmonization. It was decided that *StopPalu* would conduct a review of policy documents and training materials and MalariaCare would represent their joint interests at the validation workshop. In addition, MalariaCare will, to the extent possible, focus on training and supervision in Conakry and Maférinyah. *StopPalu* will assess health facility capacities and laboratory microscopy and RDT training in project areas not covered by MalariaCare, and train CHWs and develop a program of diagnostic ability. When MalariaCare ends its support, *StopPalu* will take over MalariaCare's responsibilities.

■ Specific Challenges and Measures Used/Planned to Overcome Them

There are no challenges foreseen for this objective at this time.

■ Activities Planned for Next Quarter

- Develop/update diagnostic policy guidelines, plans, operations, training modules, and standard operating procedures.
- Conduct health facility survey.
- Organize the TWG meetings.

3.2.2 Sub-result 2.2: Case management of uncomplicated and severe malaria improved

■ General Objective

To improve CCM of uncomplicated and severe malaria, we will focus on quality-assured training for current and new health staff on standards-based malaria case management, while also strengthening wrap-around inputs and processes critical to treatment quality and impact: reliable supplies of drugs and testing commodities, supportive supervision of health staff and CHWs, community involvement in service delivery and monitoring, and effective data collection and reporting.

■ Specific Activities and Results

Activity 2.2.1.1. Review/update case management protocols, training curricula, and materials in the context of NMS 2013–2017 policy guidelines.

StopPalu, in collaboration with the NMCP, has recruited a national consultant for the revision of protocols and training guides on the management of malaria in compliance with the new policy. The first draft of the documents was submitted to resources persons for amendment. The validation workshop was planned for the last week of September, but it was postponed for security reasons. To ensure national use of revised documents, *StopPalu*, in collaboration with the Malaria Diagnosis and Case Management TWG, intends to proceed with the validation of documents during October 2013.

■ Specific Challenges and Measures Used/Planned to Overcome Them

The use of revised documents (protocols and training manuals) by all partners to harmonize the activities implemented in the country can be challenging. *StopPalu* intends to work closely with the TWG to ensure effective participation of all stakeholders involved in malaria case management activities in the validation workshop.

■ Activities Planned for Next Quarter:

- Design and implement a comprehensive case management training plan tailored for each tier of the continuum service.
- Reinforce the national monitoring system in regard to supportive supervision by district health team staff and health center heads.
- Support TWG meetings.

3.3 Result 3: NMCP's Technical Capacity to Plan, Design, Manage, and Coordinate a Comprehensive Malaria Control Program Enhanced

3.3.1 Sub-result 3.1: MOH capacity to collect, manage, and use malaria health information for monitoring, evaluation, and surveillance improved

■ General Objective

To build MOH capacity to collect, manage, and use malaria health information for M&E and surveillance, we will work with MOH/NMCP counterparts to create clarity on roles and responsibilities for malaria data collection, quality control, and data use in decision making, including harmonization/rationalization of systems and processes for data collection and reporting.

During this period, the activities under this result focused on support to the NMCP. These activities are briefly described below.

■ Specific Activities and Results

Activity 3.1.1.1. Establish an M&E TWG led by NMCP

During the past quarter, *StopPalu* worked with the NMCP and CRS to develop the scope of work (SOW) for the M&E TWG, with a list of members, and organize the first meeting of the TWG.

The group's first meeting was held on August 30, 2013 in the meeting room of the NMCP.

Its objectives were the following:

1. Finalize and validate the TWG SOW.
2. Establish a board.
3. Determine the TWG's operating mode.

The meeting was led by the NMCP. MOH representatives and other partners (*StopPalu*, CRS, PSI, and ChildFund) participated in the meeting. During the meeting, the following was decided:

Mission

The Malaria Program M&E TWG's mission is to monitor and coordinate the implementation of the M&E plan of the NMCP. It must ensure compliance of all M&E and research interventions with the M&E plan.

Objectives

To contribute to the establishment of a functional M&E system that can provide, within a reasonable timeframe, quality information on outputs, outcomes, and impact of malaria control activities in country.

Specific objectives

- Define the strategic guidelines for M&E in accordance with national and international standards (WHO Reference Group Roll Back Malaria [RBM]).
- Ensure the harmonization of the NMCP M&E plan with the Strategic Plan for the Fight against Malaria, National Health Development Plan, and plans for M&E of different programs.
- Provide advocacy for resource mobilization to finance the NMCP M&E plan.
- Ensure the M&E plan is operational through the NMCP M&E unit and National Health Information System (SNIS, *Système national d'information sanitaire*).
- Ensure capacity building of actors involved in M&E for malaria control.
- Ensure development of the partnership between the NMCP, universities and research institutions, and development partners in the design and implementation of the M&E plan for malaria control in the country.
- Validate the terms of reference, protocols, and reports of investigation and research on malaria control M&E in Guinea.

- Contribute to the dissemination of information at national and international levels.
- Review and inspect data quality reports of health structures in the project area.
- Identify issues in the M&E system as they arise, and seek solutions to address these issues.
- Validate and harmonize the normative documents and tools for malaria control M&E.

The TWG members are the following: MOH (NMCP, SNISS, Epidemiological Surveillance, DNPL, PCIMNE, PCG, CHUs, NIPH), the University of Conakry/Faculty of Medicine, the partners (WHO, USAID/PMI, national and international NGOs, and private sector actors).

The TWG is led by following board:

- President: NMCP
- Two vice presidents: CRS, RTI
- Secretaries: SNISS and NMCP M&E Unit, PSI

Mandate

The TWG shall meet in ordinary session once every quarter (January, April, July, October), convened by its president. It may meet in extraordinary session at the request of the president, two-thirds of members, or on the instructions of the Minister of Health and Public Hygiene.

The President may invite any person whose competence seems useful for the proper functioning of the group.



The first meeting of the NMCP M&E TWG

Activity 3.1.1.2. Develop NMCP's strategic M&E plan, including community-level indicators

The project, in collaboration with the NMCP, recruited a national consultant for the M&E plan development, including community-level indicators. The main tasks of the consultant were as follows:

1. Conduct a situation analysis of M&E of malaria control activities in the country context: links among the health system, the organizations involved in malaria control, SNIS, and the M&E system for malaria activities.
2. Describe the theoretical framework for M&E: definitions of M&E concepts, logical framework for M&E, functions and organization of an M&E unit, objectives/targets.

3. Define objectives, expected results, and strategies for national M&E for the next five years.
4. Identify key indicators and develop a framework that describes program performance targets, information needs, system data collection, management of data quality and analysis, data dissemination, and use of information.
5. Describe the implementation of the national M&E plan: coordination, partnership roles and responsibilities of parties involved, evaluation/revision/update of plan.
6. Develop a description of planned interventions; develop a detailed budget and identify funding sources and gaps in terms of resource mobilization.

A first draft of the plan was shared with resource persons for reading and amendment. The validation workshop was originally planned for the week of September 26, 2013 but has been postponed for security reasons.

Activity 3.1.4.1. Support facility-based data collection

During the first quarter of this reporting period, the NMCP, in collaboration with the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project funded by PMI/USAID, the Office of Strategy and Development, and SNIS, organized an orientation workshop on the new canvas for the SNIS Malaria Report and the new order, delivery, and receipt of antimalarial commodities forms. As part of harmonizing activities in the field, the *StopPalu* project participated in this workshop on June 27, 2013.

This workshop enabled health workers, Prefectural/Communal Health Directorate pharmacists and statistics managers operating in PMI regions to strengthen their skills in properly filling out the SNIS's new monthly report sheet on malaria case management, malaria commodities management, and data collection. It should be noted that many senior project staff took part in the development process of these tools. If used properly, they will improve the quality of data collected and transmitted by the health facilities and districts. The project, through its regional offices, will support trained staff in monitoring health staff to ensure that these tools are correctly filled out and reports are regularly transmitted.

■ Specific Challenges and Measures Used/Planned to Overcome Them

The validation of the M&E Plan was postponed for security reasons due to the political situation. *StopPalu* will follow the evolution of the situation in order to organize the validation of the plan as soon as possible with the participation of the M&E TWG for greater involvement of all stakeholders.

■ Activities Planned for Next Quarter

- Validate the NSP (2013–2017) and the M&E plan.
- Recruit an M&E expert.
- Support TWG meetings.

Sub-result 3.2: The NMCP coordination capacity strengthened

■ General Objective

To strengthen NMCP coordination capacity, we will build on the progress made to date by *Faisons Ensemble*, training and mentoring NMCP counterparts to enact organizational

strategies essential to fulfilling their leadership role—in coordination with public and private partners; other national programs; and institutional stakeholders, donors, and the private sector.

During this period, the activities under this result focused on support to the NMCP. These activities are briefly described below.

■ Specific Activities and Results

Activity 3.2.1.1. Support organizational self-diagnosis of the NMCP and, based on findings, develop a plan to strengthen NMCP’s malaria prevention and control knowledge and skills and coordination function

To prepare the NMCP’s organizational self-diagnosis, *StopPalu* had several meetings with the NMCP coordination team. These meetings aimed to (1) clarify the terms of reference of the diagnosis, (2) allow the project team to understand the structure of the NMCP, (3) share and discuss with the NMCP a list of topics to be covered by the self-diagnostic activity, (4) identify the coordination team’s expectations for the diagnosis exercise, (5) define the organization of the workshop.

During these meetings, the NMCP coordination team was represented by the National Coordinator, the Deputy National Coordinator, and the head of finance.

The project proposed the following topics to be part of the organizational self-diagnosis:

- NMCP’s mission and objectives
- Human resources
- Structure and functioning
- Material and financial management
- Program management/action plan
- Communication
- Collaboration with others partners (other MOH programs, donors, national and international NGOs)

After reviewing these topics, the participants agreed and decided to also take into consideration the findings of the NMCP program’s review conducted in June 2012. The NMCP decided to make available to the project some important documents, including the following:

1. NMCP performance review
2. National Policy for Malaria Control
3. NMCP logical framework

Regarding the organization of the self-diagnosis workshop, the project and NMCP agreed on 17 participants at national and regional levels.

The organizational self-diagnosis exercise dates will be finalized after the legislative elections. The project suggested holding the workshop during the month of October.

Activity 3.2.1.3. Provide NMCP with equipment and materials

During the month of June, to improve the NMCP's coordination capacity through better communication with partners, the project renewed the subscription of Internet keys that RTI, under the *Faisons Ensemble* project, provided to the NMCP during implementation of the *Faisons Ensemble* Year 1 PMI.

■ Challenges and Specific Measures Used/Planned to Overcome Them

The NMCP's buy-in and support of the participatory organizational assessment is fundamental for the success of this exercise. Implementing the assessment's recommendations may be beyond the NMCP's capacity and may require that some decisions be made by the MOH.

To ensure implementation of these recommendations, *StopPalu* will work closely with both the NMCP and the MOH throughout the process and will also present the results at a national meeting involving high-level representation by both USAID and the MOH.

■ Activities Planned for Next Quarter

- Conduct a participatory organizational assessment of the NMCP and develop a capacity-building plan.

3.4 Project Management

During this reporting period, project management activities focused on the project's start-up and launch. These activities are briefly described below.

Activity 4.1.1 Project deliverables

During this period the project submitted five project deliverables: FY 2013 Work Plan, FY 2014 Work Plan, the Performance Management Plan (PMP), the Initial Environmental Evaluation (IEE), and the Branding Strategy and Marking Plan (BMP).

Work Plans

During the week of June 10, 2013, the project held a participatory workshop to develop the Year 1 Work Plan covering the period from May 16 to September 30, 2013. The workshop brought together representatives of the four core organizations that form the consortium: RTI, ASM, CENAFOD, and Jhpiego. In addition to the consortium members, some key partners also took part in the activity: the PMI/Guinea team, the NMCP, and Peace Corps.

The general objective of the workshop was to bring the various project partners together to gain a common understanding of the project and to develop a coherent work plan. Additionally, workshop activities aimed to identify the key activities to be implemented for the Year 2 Work Plan, covering the period October 2013–September 2014.

The specific objectives of the workshop were the following:

- Allow a better understanding of the project partners and their different roles.
- Develop a work plan based on three project results over the period June–September 2013 (Year 1 of the project).
- Identify the main activities for the period October 2013 to September 2014 (Year 2 of the project).

- Present key project indicators.

The proceedings of the workshop were held in plenary, and the participants took part in four working groups, corresponding to the three main results of the project—prevention, diagnosis and treatment, MOH and NMCP capacity building, and the fourth group on project management. During the plenary sessions, the participants shared the outline of the project (objectives, expected results, operational strategies, etc.), pooling the results of group work. In the working group sessions, the participants discussed and clarified the different activities of each project result, clearly identifying the actors, timelines, and resources required.

At the end of the four-day workshop, participants developed a first draft of the Year 1 and Year 2 work plans, including the following:

- Result 1: Improved malaria prevention: 11 activities
- Result 2: Improved malaria diagnosis and treatment: 4 activities
- Result 3: NMCP capacities strengthened: 7 activities
- Project Management: 10 activities

It should be noted that given the short duration of the project for the first fiscal year (May–September 2013), and in agreement with PMI and the NMCP, the project decided to focus the activities of this period to launch the project and to prepare for the mass distribution campaign scheduled for mid-October 2013.

The workshop also served to familiarize members of the project team with their colleagues and their different roles, as well as to build team spirit. The work plan was developed in a highly participatory manner. This participatory approach ensured strong ownership of the plan by all stakeholders. The NMCP has warmly welcomed this approach and said this is the first time that a partner involved them in the preparation of a work plan. They promised to discuss this approach during the next meeting of the RBM committee to encourage other partners to do the same.

The FY 2013 Work Plan was submitted to USAID on June 28, 2013 and approved in July.

In August 2013, the project reviewed the Year 2 Work Plan drafted during the workshop in June, and elaborated a final one for FY 2014, which was submitted on August 30, 2013. The project team revised the work plan based on comments received from USAID and PMI. We expect approval in the coming days.

IEE

To prepare the IEE, the project arranged a short-term technical assistance (STTA) mission from the RTI senior environmental advisor during the week of June 10. During this visit, the project met with executives of the National Directorate of Public Hygiene (DNHP, *Direction Nationale de l'Hygiène Publique*) and held discussions with the head of the medical waste management unit concerning the national policy of biomedical waste management, which aims to improve the management of biomedical waste in health facilities and ensure effective management of the entire supply chain from production to final disposal.

The project also held a meeting on June 13, 2013 with the Deputy National Director of the Environment, who expressed his surprise and appreciation—this is the first project that has come to his ministry asking for information on how to manage environmental risks. He noted

that several projects produce wastes that have an impact on the environment, but some other projects do nothing to protect the environment or reduce the risks. He explained the difficulties the Ministry of the Environment faces, in particular the lack of resources that prevent the ministry from conducting regular supervision to ensure compliance with the national policy, the lack of coordination in the field, and non-compliance with the national policy by partners.

The project held a meeting on June 14, 2013 with MSF Switzerland, which implements a pilot project for the prevention and management of malaria in the prefecture of Gueckedougou. Discussions centered on approaches and methods of how they manage biomedical waste. MSF built incinerators, trained staff to use them, and conducts regular supervision visits.

The project also visited three health facilities (Maciré health center, a commune-level medical center in Minière, and the national hospital of Donka) to see how they manage waste. The information and documents collected during these visits allowed the project to develop and submit a draft of the IEE on July 15, 2013.

The project is still awaiting observations or suggestions from USAID and PMI regarding the IEE.

PMP

The project's M&E team, in collaboration with RTI's home office, proposed an M&E plan with a list of indicators to assess the performance of the project. For each indicator, a reference sheet was developed defining the indicator, its calculation, justification, source, frequency of data collection, its limitations, and the measures proposed to minimize these limitations.

A complete PMP document was submitted to USAID and revised based on USAID, PMI and CDC comments. The final version of the PMP, incorporating all the comments and suggestions made by USAID, PMI/Washington, and CDC/Atlanta has been submitted and we anticipate receiving approval very soon.

BMP

In collaboration with RTI's home office, the project developed a comprehensive branding strategy and a marking plan. A complete BMP document was also submitted to USAID on July 2013.

The project is still waiting for comments from USAID and PMI. The delay in approval of the BMP will affect the production of communication materials needed for the LLIN mass distribution campaign and the launch of the project at the national level.

Activity 4.1.2 Project launch

The project used the activities developed during the micro-planning for the LLIN mass distribution campaign to launch the project in four regions and 14 prefectures. These activities mobilized the DPS, DRS, CSHs, local elected officials, local administrative officials, and communicators (journalists and traditional communicators). These activities presented the opportunity to introduce the project objectives, its domains of intervention, coverage areas, the major elements of its strategy, and expectations vis-à-vis stakeholders and beneficiaries. These activities have led to a better understanding of the project and commitment on the part of stakeholders to support project activities.

Activity 4.1.3 Offices installation

The project has established its national office in the building occupied by the *Faisons Ensemble* project. In Labé, the project shares the building with the regional office of the NGO partner CENAFOD, a *StopPalu* consortium member. Offices in Boké and Forécariah were identified but require some renovation, which is underway. We expect to have these offices available by mid-November.

3.5 Staffing and Human Resources

Activity 4.2.1 Staff recruitment

During this reporting period, the project publically advertised the positions of the following technical project staff: the regional technical advisors, regional communication officers, lab technical staff, chief financial officer, M&E specialists, grants managers, regional office managers, and clinical case managers. After reviewing the applications, the top three for each position took a written test. Then the candidates were interviewed by a selection committee. The selection committee was composed of representatives of different consortium members. The project finalized the recruitment of these positions and oriented the staff on the project.

Activity 4.2.2 STTA

During the first quarter of the project, the project received STTA to support the development of project deliverables. Mr. Autman Tembo, RTI senior environmental officer, traveled to Guinea for a one-week mission (June 12–19, 2013). Mr. Tembo supported the project team to conduct an initial environmental assessment and develop the IEE to mitigate environmental risks from project activities. Mr. Jean Luc-Taton, RTI regional malaria advisor, and Dr. Aimee from ASM traveled to Guinea to participate in the work plan development.

In September, the project received technical assistance from Dr. Aimee (ASM) to support the project and the NMCP in establishing the Malaria Diagnosis and Case Management TWG. She supported the project in recruiting and orienting laboratory technicians. She also participated in the conference call that the project had with MalariaCare to harmonize strategies and approaches of the project diagnosis activities to avoid duplication.

The project also received support from the AMP consultant, Jean Marc Gregoire to provide technical support for general campaign planning, implementation, and logistics for the 2013 mass LLIN distribution campaign in Guinea. The consultant worked in close collaboration with the NMCP and *StopPalu* staff to develop the following documents:

- Micro-planning training package and micro-planning exercise documents

- A positioning plan to establish the quantities of cargo to be shipped from Conakry to the prefectures so as to prepare the bid process with transporters and finalize prices for budgeting
- A revised activities timeline to establish if the distribution campaign could be accomplished within the desired time period
- A revised budget estimate for the proposed distribution to the 14 prefectures
- A preliminary budget reflecting the proposed implementation and logistics strategy for the distribution in the five communes of Conakry

3.6 Procurement

The project has purchased some office furniture and computers for newly recruited staff to support them in becoming operational. The project applied for USAID approval to purchase six vehicles for the project, and we hope to receive approval soon in order to meet our procurement plan, which calls for delivery in Conakry before the end of December 2013.

3.7 Partnership

Activity 4.4.1 Collaboration with local NGOs

During the first quarter of the project, to ensure a better understanding of the project, *StopPalu* organized a meeting with the representatives of the selected local NGOs to present the project (goals, results framework, elements of our operational strategy, main activities, geographical coverage, duration, and implementing partners and roles). National NGOs will be key implementing partners in the *StopPalu* project. RTI also conducted the pre-assessment of the four local NGO partners (APIC, CAM, CJMAD, INAASPO) identified in the proposal, developed their SOWs, and requested technical and financial offers to implement these activities. For the region of Labé, a competitive bid was sent out to select one local NGO. The project sent an approval request to USAID to pursue the grants finalization. At the end of September 2013, the project received USAID approval for grants that were in the original project proposal. The project is finalizing the documents for these grants: project descriptions, detailed budgets, M&E plans, and schedules. It should be noted that the grant process is for approved fixed obligation grants. We intend to finalize and sign the grants during the next quarter.

Activity 4.4.2 Collaboration with Peace Corps

During the quarter, *StopPalu* had working sessions with the Peace Corps representative to discuss activities for the mass distribution campaign planned for November 2013. The project shared the campaign activity agenda to promote greater volunteer participation in different activities. Following these meetings, it was decided that volunteers would support chiefs of health centers in identifying enumeration agents to ensure that these people meet the selection criteria. The project also encouraged volunteer participation in the trainings on enumeration, social mobilization, and distribution. The project promised to share communication messages validated for different phases of the campaign with the Peace Corps volunteers.

Activity 4.4.3 Collaboration with the private sector

Consistent with the project's "With Many" approach, RTI submitted two technical and financial proposals in June at the request of the private companies *Société des Mines de Fer de Guinée* and Rio Tinto. When these proposals are approved and signed, the resulting activities will expand and improve malaria prevention and management services in these private companies' areas of intervention.

In September 2013, RTI signed a partnership for a collaborative malaria control project with Alcoa under the Kabata project. This collaborative project aims to organize activities to raise awareness about the prevention and treatment of malaria, through mobile campaigns and malaria diagnosis and treatment in 12 villages of the prefecture of Kamsar. The project duration is for the remaining of 2013, with a possible extension in 2014. These proposed activities will be considered as cost-share for the *StopPalu* project because they directly support the project's objectives for USAID.

3.8 M&E

At end of the fiscal year, *StopPalu* was close to submitting the M&E plan (PMP), incorporating all the comments and suggestions made by USAID, PMI/Washington, and CDC/Atlanta. Pending approval of the PMP (response to this submission), there are no agreed-upon indicators to be reported during the year

3.9 Other Activities

Visit from the PMI/Washington and CDC/Atlanta team for the development of the Malaria Operational Plan (MOP) FY 2014

On June 19, 2013, the *StopPalu* and *Faisons Ensemble* projects received a team from PMI/Washington, CDC/Atlanta, and PMI/Guinea for a working meeting.

During the meeting, the head of the PMI/Washington mission (Tom Hall) provided the following information:

- There is a budget increase for PMI in Guinea (from \$US10 million to US\$12.4 million starting 2014).
- For the process of planning FY 2014 activities, the US\$10 million figure will be used.
- PMI will increase the *StopPalu* budget by approximately US\$625,000 to support the distribution of the nets procured by the IDB and the Government of Japan for the region of Conakry.
- *StopPalu* has a mandate to work in the entire country, according to the priorities of the NMCP and depending on available funds for mandates.

The main suggestions made by PMI/Washington and CDC/Atlanta are as follows:

- For the post-campaign evaluation, it would be useful to compare areas that received the hanging campaign and those which did not.
- For the distribution of mosquito nets in Conakry, socioeconomic data could be used to identify the distribution strategy. But having the National Coordinating Committee first enumerate households is also a good idea.

- In collaboration with CRS, discussions should be conducted to share lessons learned from the first campaign. These discussions should focus primarily on gaps/problems encountered during the mass distribution organized by CRS with funding from the Global Fund.
- Ellen Dotson from CDC/Atlanta asked *StopPalu* to add some entomology activities into the work plan and not wait until FY 2014 so that trained agents can be in the field in October.

On the issue of strengthening NMCP capacity, the following suggestions were made:

- Conduct a deep analysis of the positions at the NMCP—whether existing staff meet the required profiles—otherwise make strong recommendations to the NMCP and MOH.
- PMI, USAID, and the US Embassy are willing to engage in discussions with the authorities at the highest level to ensure that only qualified people are assigned to NMCP to allow them to better fulfill their roles.
- *StopPalu* must be rigorous in the organizational diagnosis exercise and be very clear in giving feedback.

Participation in the workshop presentation of the PMI/Guinea MOP FY 2014

As part of the FY 2014 MOP development, the project supported the NMCP in a workshop presentation of the plan. The objective of the workshop, held June 26, 2013, was to present the following:

- The major results of FY 2013
- Planned activities for FY 2014

The Minister of Health and the Director of USAID/Guinea chaired the workshop. Attendees included the team from PMI/Washington and CDC Atlanta, USAID/Guinea, and representatives of national and international NGOs involved in malaria control activities, as well as the staff of the NMCP, the PCG, the Ministry of Defense, and the media.

As noted in the workshop, the main activities identified for FY 2014 are as follows:

Prevention

- Procurement of 180,000 LLINs for routine distribution for pregnant women
- Entomological capacity building through technical assistance
- Prevention activities with the purchase of 1,437,500 doses of sulfadoxine-pyrimethamine for IPTp

Diagnosis and treatment

Diagnosis:

- Procurement of 4,515,000 RDTs for malaria diagnosis by health workers and community workers
- Procurement of 15 microscopes and lab consumables for regional and prefectural hospitals
- Assistance to improve the quality of diagnosis and quality assurance

- Technical assistance for the maintenance of microscopes

Treatment:

- Procurement of 1,833,000 treatments of artemisinin-based combination therapy (ACT) for use in health facilities and at the community level
- Procurement of 71,300 treatments of intravenous artesunate for the treatment of severe malaria

Strengthening the health system/NMCP

- Strengthening the health information system
- Reform of the pharmaceutical system
- Improvement of capacity for drug control
- BCC for use of LLINs, IPT, RDTs, and ACT
- Training and refresher training of health workers and community workers on case management, prevention, and data collection
- Supervision of health workers and community workers
- Support for CCM
- Strengthening the capacity of the NMCP in M&E, management, leadership, teamwork, and communication
- Peace Corps support through volunteers
- Technical assistance in M&E

It was also noted that the total Guinea PMI budget for FY 2014 (October 2013–September 2014) is US\$10,000,000. The percentage of the budget allocated for commodities is 49% and for strengthening the health system 51%.



The Minister of Health and the USAID Mission Director at the opening ceremony of the workshop



NMCP staff and representatives of NGOs implementing malaria activities in Guinea

Working meeting with CHWs trained during the PMI Year 1

As part of the re-launch of the CCM implemented by CHWs trained during the first year of PMI Guinea, *StopPalu* organized meetings in nine prefectures where CHWs were trained. The objectives of the meetings were the following:

1. Review CHWs' activities since January 2013
2. Review the availability of medical supplies (RDTs, ACT) and management tools
3. Present information on CHW roles in the LLIN mass distribution campaign
4. Present the *StopPalu* project



Meeting with CHWs in Boké

A summary by region and health district of the number of CHWs who attended the meetings is shown in the table below:

Table 5: CHW attendance at refresher workshops

Region	Prefecture	CHWs present	CHWs trained
LABE	Dinguiraye	17	24
BOKE	Boké	33	38
	Fria	30	30
	Boffa	40	36
	Gaoual	40	40
	Koundara	35	35
KINDIA	Forécariah	38	40
	Dubreka	32	40
	Coyah	21	25
TOTAL		286	308

At the end of nine meetings, it was found that the CHWs continued home visits and communication activities on malaria control (promotion of RDT use, early care seeking at the onset of fever, sanitation, ANC compliance by pregnant women). However, this information could not be verified because the CHWs did not have their workbooks at the meetings. For diagnosis and care activities, only the CHWs in Boffa are implementing these services, but only through integrated management of childhood and neonatal illnesses. The reason given for the cessation of diagnosis and care is the stock-out of supplies.

To remedy this situation, after emergency distribution of RDTs and ACT by SIAPS and NMCP, *StopPalu* helped monitor the effective provision of supplies to CHWs by the chiefs of health centers.

To date, in all the PMI regions, trained CHWs received a stock of RDTs and ACT. *StopPalu*, through its Frontline SMS program, monitors the activities of CHWs who have been trained on the program in Boffa, Boké, and Fria prefectures.

Training of chiefs of health centers and CHWs in Boffa, Boké, and Fria on the Frontline SMS program

To improve data collection, communication, and quality of services at the health center and community levels, the project trained the chiefs of health centers and the trained CHWs in Boffa, Boké, and Fria on the Frontline SMS program.

The objective of the training was to strengthen the capacity of participants to use structured SMS. The CHWs will send SMS messages to the database after each activity (RDT administration, ACT, home visits, etc.). Also, when the CHWs are almost finished with their supplies, they send an SMS text to inform the chief of the health center. Information on the quantities of supplies received is also sent by SMS.

An important factor of this program is that the project can easily communicate with the chiefs of health centers and CHWs; it helps us monitor their activities and answer any question or concern that these agents may have regarding technical aspects (such as questions after a training session). This program allows us to easily inform chiefs of health centers and CHWs about workshops or BCC messages to convey during home visits. The training lasts two days with practical exercises. At the end of the training, the trainers visit CHWs at their houses to observe their performance, especially of those who demonstrated weaknesses during training. The two training sessions helped train 27 chiefs of health centers and 108 CHWs.



The CHW practicing the frontline SMS program

Table 6: Participants in the SMS training in Boffa, Boké, and Fria

Prefectures	Health Center	Number of CHWs	Number of chiefs of health centers	Number of supervisors
Boké	13	38	13	38
Boffa	8	40	8	23
Fria	6	30	6	20
Total		108	27	81

Participation in the PMI BCC workshop in Ethiopia

StopPalu and the NMCP Communications Director participated in the PMI BCC workshop organized by PMI, the USAID Ethiopia mission, and Health Communication Capacity Collaborative (HC3), September 16–20, 2013. The main objectives of the workshop were to share information about current activities and PMI approaches for BCC for different countries; identify and discuss program challenges, best practices, and lessons learned, as well as propose solutions for country-specific challenges; discuss M&E and research practices for malaria BCC; draft BCC work plans; and compile BCC resources and tools to apply to country programs. Representatives from several countries with significant experience in malaria control programs offered relevant resources for project and NMCP staff. Especially pertinent at *StopPalu*'s current phase are recently developed BCC indicators and suggestions for data analysis use.

3.10 Main Activities of the Next Quarter

- Revise and validate project deliverables according to comments from USAID (FY 2014 Work Plan, PMP, IEE, and BMP).
- Distribute LLINs in the 14 prefectures and Conakry.
- Develop the M&E plan for the NSP (2013–2017).
- Conduct a participatory organizational assessment of the NMCP and develop a capacity-building plan.
- Conduct the health facility survey.
- Establish the BCC TWG and support all the TWGs.